

**BEST AVAILABLE COPY***This sheet is not part of and does not count as a sheet of the international application.***PCT****FEES CALCULATION SHEET**  
**Annex to the Request**

For receiving Office use only

International Application No. \_\_\_\_\_

Date stamp of the receiving Office \_\_\_\_\_

Applicant's or agent's  
file reference

CG/PHM/8115921

Applicant

LAW SENG TECK

**CALCULATION OF PRESCRIBED FEES**1. TRANSMITTAL FEE . . . . . S\$150 T2. SEARCH FEE . . . . . S\$310 SInternational search to be carried out by AT*(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)*

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 25  
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }[i1] first 30 sheets . . . . . S\$1785 [i1]

[i2] -- number of sheets in excess of 30 x -- fee per sheet = -- [i2]

[i3] additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x -- fee per sheet = -- [i3]

Add amounts entered at i1, i2 and i3 and enter total at I . . . . . S\$1785 [I]*(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)*4. FEE FOR PRIORITY DOCUMENT (if applicable) . . . . . -- P5. TOTAL FEES PAYABLE . . . . . S\$2245

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

**MODE OF PAYMENT**

authorization to charge  
deposit account (see below)  
 cheque

postal money order  
 bank draft

cash  
 revenue stamps

coupons  
 other (specify): GIRO

**AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT***(This mode of payment may not be available at all receiving Offices)*

Receiving Office: RO/ \_\_\_\_\_

 Authorization to charge the total fees indicated above.

Deposit Account No.: \_\_\_\_\_

 (*This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit*) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Date: \_\_\_\_\_

 Authorization to charge the fee for priority document.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_